

## EDITOR'S MISCELLANY



### THE PROFESSION OF NURSING

BY RICHARD C. CABOT, M.D., BOSTON

AN address given to the Cleveland nurses some time since by Dr. Richard C. Cabot, of Boston, shows him to be an ally of strength and influence in the cause of the better teaching of nurses. Those women in training-school work who have for years been feeling and saying what Dr. Cabot says so forcefully in this address, from which we give extracts, must feel grateful to him for his championship. Perhaps many medical men feel as he does, but few speak out so plainly, and many others, as we all know, openly disapprove and delay the efforts of training-school heads to bring more of the "higher education" idea into the training-school course. We select from Dr. Cabot's remarks those especially pertaining to the "school" part of nursing work:

"Every reformer who is to work with hope and confidence must feel convinced that the institution he seeks to modify is a good one already. . . . Now the institution which we call a 'Training-School for Nurses' is one which I wish to see reformed. It ought, in my view, to become something very different from what it has been—different not only in increased efficiency along the old lines, but in what it attempts and expects. But I want to reform it just because it is already so good, so efficient, in carrying out what it has attempted, and therefore I shall try before I finish to show you by my appreciation of your profession that I have a right to criticise it—the right possessed by one who loves and honors it for what it is. . . .

"A good school does two things:

"1. It furnishes during the undergraduate years an occupation that employs and enlarges the nurse's best powers.

"2. It prepares the nurse for her work after graduation.

"To employ and enlarge the best powers the nurse possesses a school must provide a curriculum that advances as fast as the nurse is capable of advancing. What should we think of a public school which kept its children repeating the alphabet for hours each day after they had learned it thoroughly? The public would not stand such a state of things, yet I doubt if there is a training-school in the country where nurses do not perform for months at a time tasks as superfluous for their education as to repeat their alphabet. Most training-schools are very instructive and profitable to the nurse for a time, but get stale, flat, and unprofitable in the latter months of the term because no advance is provided for in this part of the curriculum. Were it not for the sake of the diploma, I think a large part of the nurses in our training-schools would leave before the end of their course.

"Nurses are not now in a position to demand a change in this arrangement. The taxpayer can demand changes in the public schools if they do not suit him—because he pays for them. But the nurse who is given her training for nothing cannot reasonably ask that it should extend beyond what is needed to make her of value in the running of the hospital.

"This brings me to my next point, which is that in the long run no first-class teaching can be had for nothing. A good teacher is always paid in some way. Medical instruction is sometimes given in medical schools without money equivalent, but then the position of teacher is of value by reason of the standing it gives the physician among his colleagues and before the public. To give instruction to nurses adds little if any standing to the physician, and hence, like most unpaid instructors, he is apt to do his work in an irregular and unsystematic way. I shall not undertake to prove this. I think it is generally admitted by those who are familiar with the work of amateur teachers and can compare it with that of professionals.

"But if this is so, where is the money to come from with which these teachers are to be paid? It is unfair to demand that hospitals shall pay for all the teaching that nurses want. Very little teaching is necessary to enable the nurse to do all that most hospitals demand, and this can be given by the paid superintendent of nurses. Superintendents of nurses are, as a rule, high-minded and devoted women, but they have many duties besides teaching, and even if they had the time they have not always the training to teach all that a nurse should know.

"From the hospital, then, it is unreasonable to expect good teaching for nurses. Why is it not reasonable that the student of nursing should pay for her own training, as other students of equally important professions do? No woman expects to learn bookkeeping or stenography for nothing. But I am sure you will agree with me that nursing is a more difficult and complicated profession than bookkeeping or stenography, and so ought to cost more to learn. It brings, as a rule, much higher wages, yet we expect to learn it for nothing, while everyone expects to pay for a training in stenography. Surely the class of women who go into nursing ought to be as able and as willing to pay for a good training as the class of women who go into stenography.

"But if women were paying for their training they would, I am sure, be unwilling to accept such mediocre teaching as they are now getting in most of the training-schools of the country. They would demand, I believe, that in medical subjects they should be taught by skilled physicians, and in nursing proper by skilled nurses. For example, the observation of cases is a medical subject—taught in medical schools as well as in nursing schools. It is essential that any good nurse should know how to observe and report symptoms, and this part of medicine is obviously best taught by a physician.

"But it must be very rare to find a physician who is competent to teach the care of the skin, the administration of a typhoid bath or of a nutrient enema. Good teaching comes from those who constantly practise what they teach. But practically no physician performs the duties I have indicated frequently enough to be skilful about them. In fact, I do not see that there is any part of nursing proper—nursing, that is, as distinguished from the science and practice of medicine—which a physician is competent to teach. Nursing proper should be taught by nurses.

"On the other hand, that smattering of medicine which every training-school provides shall be taught (the modicum of anatomy, physiology, symptomatology, *materia medica*, and hygiene) is best taught by physicians. That is their daily work, and they are likely to know something about it.

"The curricula of our training-schools as they now stand may be separated into two parts. We provide:

"1. A thoroughly practical training in personal service to the sick, or nursing proper.

" 2. A superficial but fairly serviceable training in medicine.

" Both are necessary. The first it is the business of the nurse to teach. The second is the business of the physicians. Teachers for the first class of subjects we usually pay, and the work is generally well done. Teachers for the second class of subjects—medical subjects—we try to get for nothing, and their teaching is usually poor. I have done and still do a good deal of such teaching myself and I have listened to a good deal more, so that I have no hesitation in saying that on the average it is poor teaching, poor in comparison with the work which the same teachers do for medical students. Still, it must be done by physicians if it is to be done well.

" You will notice that I have assumed without discussion that in training-schools for nurses we do and ought to teach not only nursing proper, but medicine. All training-schools do this, although they usually do not call it 'medicine.' But surely the proper observation of cases and the accurate report of symptoms occurring in the physician's absence is one of the most important of the nurse's duties, and the study of this observation is the study of symptomatology, an important branch of medicine. Physical diagnosis we give to nurses only in small doses—pulse, respiration, temperature, tongue, the position in bed, the condition of the os uteri during labor, the appearance of sputa, urine, and faeces. Observations on these matters of physical diagnosis are taught in most training-schools. It is rather rudimentary physical diagnosis, but it comprises about all that our grandfathers knew on the subject. Indeed, I think that you cannot help being struck with the similarity between the outfit of the doctor fifty years ago and that of the modern nurse. A good deal about symptoms, a very little about physical diagnosis, that is what our grandfathers were taught and what our nurses are taught now. The doctor of the past is the nurse of the present. She has annexed his territory, and we are glad of it.

" Will the nurse of the future annex the territory of the doctor of the present? I am not prepared to answer the question decisively, but there are some signs which point that way. For example, I have no doubt that nurses will soon be called upon to estimate the patient's haemoglobin as a matter of routine, just as now she takes the temperature or does a surgical dressing. The one is as easy as the other.

" It has been the course of events so far that the duties which the physician has mastered and reduced to routine are passed on to the nurse, while the physician busies himself with the newer or more difficult technique and with the direction and supervision of the case. I have no doubt that this process of evolution will be carried much further in the future, and that the curricula of training-schools will be greatly widened and enriched in response to it.

" But I think there are other directions in which the course of study for nurses ought to be and is beginning to be enriched. I do not believe that any human soul ought to be fed with purely technical studies. The great technical schools of the country realize it. At the Massachusetts Institute of Technology, where men come to be trained for mining engineers, architects, chemists, electricians, every student is obliged to take courses in English literature, history, and political economy. These great technical schools recognize the advantage of a broad and solid training and the dangers of turning out narrow, sharp men. But if one need history and political economy in order to be a good electrician or chemist, does one not need it more in order to be a good nurse? The student of engineering and the nurse have both, I suppose, had a high-school education.

They both need more. But the engineer gets it and the nurse does not. The more technical one's studies, the more one needs liberal studies to balance them.

"Moreover, the nurse's life both before and after graduation is so confined, so isolated, so overweighted with impressions of the earth earthy, that she is especially in need of those inner resources which liberal education fosters. She needs them to prevent her from getting warped and depressed by the weight of concentrated sorrow, suffering, and sordidness which hospital life forces upon her. Hospital life is as unnatural as life in a diving-bell. The presence of many atmospheres is upon us there. Special precautions ought to be taken to prevent this unnatural life from making us callous, killing out our other interests, and narrowing our outlook. I have seen ideals killed in a hospital, and that is the saddest sight I know of on God's earth—far sadder than death. It has happened. It will go on happening as long as we starve all but one side of the nurse's nature in our hospital curriculum.

"We force nurses to be in contact all day with the sounds and sights of a hospital and then expect their minds to be full of healthy, interesting thoughts fit to console or entertain an invalid. It is impossible. Any soul gives out what it takes in, and the mental atmosphere of the nurse, with which the nurse can surround a patient, which is coming to play so important a part in modern therapeutics, will never be what it ought to be while our training-schools are so narrow in their course of study.

"A beginning has already been made, as some of you doubtless know, of a reform in this matter. Reading aloud and English literature and sociology are taught in a half-hearted way in some of our schools, but it is only a beginning as yet.

"Patients often complain that nurses talk to them only of the sights and experiences of their hospital training—the 'beautiful laparotomies' and interesting 'head-cases' which they have seen, and which are not exactly the best mental pabulum for the patient. But how can the nurse talk of anything else when nothing else has been before her eyes or in her thoughts for two or three years? It is not the nurse's fault, but the fault of those who plan the nurse's work and leave out everything that is fit for nurses to talk of with their patients.

"This omission is an example of the mistaken tendency of most training-schools to fit the nurses for the hospital and not for their work after graduation. From hospital requirements the requirements of private nursing are materially different, as many a hospital graduate finds to her cost after leaving the hospital. Routine, dependence upon frequent and exact orders, nice division of attention between a considerable number of patients, speed in carrying out a multitude of well-defined duties—such are the qualities demanded of a hospital nurse. A nurse so trained would be more than human if she did not find herself more or less at sea when called to concentrate her whole attention upon a single patient, with relatively few and indefinite directions from the physician in attendance, a considerable weight of responsibility, and a need for independent judgment and action in the physician's absence.

"Training for these powers is what nurses do get in the best of our smaller hospitals, and I hope to see the day when nurses from the larger general hospitals shall complete their training by some months at least of service in some smaller institution where the relation of patient and nurse is a more personal one and where the conditions of private nursing are approximately reproduced. The varied experience of the large public hospital would then be supplemented by the

discipline of service in some private institution where the nurse can learn what it means to have one patient all to herself for a considerable period.

"To fit nurses for a full and satisfying career after graduation, training-schools should, in my opinion, do what they can to develop the taste and capacity for original observation.

"In the nurse's professional life there is rarely any cumulative element, any steadily developing project which each year's work can carry a step further. For the lack of what the physician gets through connection with a medical school or a hospital which he tries to build up year by year or through scientific research for which he accumulates material month by month—for the lack of this the nurse's life is apt to fall apart into a series of disconnected cases which make up no whole, further no specific end.

"But the nurse has unique opportunities of which no one else can take advantage, the opportunities accorded by her continuous attendance upon the patient. The nurses of the Massachusetts General Hospital are now at work upon a coöperative research into the conditions and significance of vomiting. For this study they have far better opportunities than the physician, and it is my impression that they already know more about the subject than most text-book writers.

"Once accustomed during her school year to observing and tabulating facts independently, the dignity, interest, and value of the nurse's work after graduation will be greatly increased. She will then take up her part of the great world struggle against ignorance, a task which supplements and ennobles her contest with pain."

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MISS JEANETTE MACDONALD, a graduate of the Farrand Training-School, Detroit, has resigned her position as army nurse and is now employed in the United States marine hospital service. Her station is on Angel Island, Cal., and she writes:

"My duties consist in going out with the commanding officer to meet all vessels from the Orient and making an examination of the women on board for symptoms of bubonic plague or other contagious diseases. If any of them appear to have fever I take their temperature and report to the commanding officer.

"The climbing up the sides of the huge steamers on a rope ladder has an element of exhilaration in it now that I have grown accustomed to it and have gained confidence. . . .

"When a patient is taken into quarantine from any of the incoming vessels the whole ship's crew and the passengers are held in quarantine for a certain time, while the vessel, clothing, etc., are fumigated. In such a case provisions have been made for keeping passengers here. There is one large building for cabin passengers, two other large buildings for ship's officers, and three larger barracks for steerage passengers—two for Chinese and one for Japanese. At such a time my duties are increased by superintending the taking of antiseptic baths.

"We have one hospital for non-contagious cases, two contagious disease compounds,—one for smallpox containing two buildings and one for plague, cholera, etc., in an isolated cove, a total of three buildings.

"This is said to be one of the largest and most completely equipped quarantine stations in the world."